



**CITY OF SAN BRUNO**  
**PRIVATE SEWER LATERAL GRANT PROGRAM**  
**REIMBURSEMENT REQUEST FORM**

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**Site Address:** \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Describe work completed:** \_\_\_\_\_

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Cost of work: \_\_\_\_\_

Building Permit # \_\_\_\_\_

Encroachment Permit # \_\_\_\_\_

Date finalized: \_\_\_\_\_

Date finalized: \_\_\_\_\_

I certify that the information submitted is true and accurate.....

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

***Submit form to:***

Public Works Department, Attn: Lisa Costa Sanders

567 El Camino Real, San Bruno, CA 94070

[lsanders@sanbruno.ca.gov](mailto:lsanders@sanbruno.ca.gov)

650-616-7059